

10/2

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/551694

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93	1					
94	1					
95	1					
96	1					
97	1					
98	1					
99	1					
100	1					
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	6	←		←		←
TOTAL CLAIMS	8					

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

10/551694

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		/				
102		/				
103		/				
104		/				
105		/				
106		/				
107		/				
108	/	/				
109		/				
110		/				
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131		/				
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135		/				
136		/				
137		/				
138		/				
139		/				
140		/				
141		/				
142		/				
143		/				
144		/				
145		/				
146		/				
147		/				
148		/				
149		/				
150		/				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151		/				
152		/				
153		/				
154		/				
155		/				
156		/				
157		/				
158		/				
159		/				
160		/				
161		/				
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163		/				
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166	/	/				
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186		/				
187		/				
188		/				
189		/				
190		/				
191		/				
192		/				
193		/				
194		/				
195		/				
196		/				
197		/				
198		/				
199		/				
200		/				
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	82	←		←		←
TOTAL CLAIMS	85					

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